

MP4011112927

CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO



Metropolitan Life Insurance Company
 200 Park Avenue
 New York, NY 10022
 Tel: 212-696-1000

Mr. Michael F. Bashur
 Branch Manager
 Metropolitan Insurance Company
 2790 Rossini Boulevard
 Monroeville, PA 15146

RE: [REDACTED] UL
 Case # 1112 1541 6 694 1541

Dear Mr. Bashur
 The following is my report in reference to the above complaint
 by policyholder [REDACTED]

1. The original canvass was made in the summer of '85 or '86, when [REDACTED] was living at [REDACTED] At that time, she said she was not ready for anything, but to keep in touch with her. I wrote her a letter (copy attached) on August 10, 1988, to make contact with her again as she had moved and I didn't have her phone number. Also, I brought up the need we had discussed originally and sent her a UL proposal and called her several times thereafter at her place of employment, to see if this proposal met her wishes. The last time we talked was Thursday at 11:50 A.M. along was written this was on September 9, 1988, '88. The application taken on September 9, 1988, to place this policy with a dividend withdrawal arrangement. [REDACTED] was agreeable that she would like under the 'Pittsburgh Special Dividend' arrangement. [REDACTED] was agreeable that she would like to increase her insurance coverage as long as she did not have to come up with any monies at that time.

MP401112929

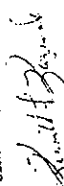
CONFIDENTIAL

Page 3

24171 520046

If there is anything else, please let me know.

Sincerely


Kenneth E. Kozmarek
Sales Representative

November 22, 1993

Attachments 5
NFK/13


NOT REPRODUCIBLE
IN ANY MANNER

0467

MP4011112930

CONFIDENTIAL

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William Penn Plaza
2790 Mossiade Blvd.
Suite 105
Montroeville, Pa 15146
412-856-5272

MR: 64 [REDACTED] 22

1520

I have some information for your policy I have listed above but have been unable to reach you.

The address I have is your [redacted] address. Would you kindly contact me giving your correct address and telephone number and I will be sure to reach you.

Thank you

Xen Kaczmarek
Sales Representative

August 10, 1983

SERVICE REQUEST FORM

POLICY NUMBER 64

POLICE/JOINT/INVESTIGATIVE

U.S. OFFICE OF ENERGY

27

1

5

529

CY 1430

00

MP4011112932

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Metropolitan Life Insurance Company
 100 Park Avenue
 New York, NY 10022-6000
 Telephone: (212) 697-1000
 Fax: (212) 697-1001

9/27/05 12:45

Policyowner's Name

64 [REDACTED] PA
 Policy Number

☐ **LOAN REQUEST**
☐ Pay Value Loan (Check One) ☐ Include Value of Borrowed Dividends ☐ Do Not Include Value of Borrowed Dividends
☐ Full Value Loan (Check One)
☐ Loan to pay premiums on Policy Number
☐ Indicate Number of Premiums to be paid
☐ Indicate Due Date of 1st Premium to be paid
☐ Special Instructions
 This loan will be in accordance with the policy's loan provision. I agree to assign the policy to Metropolitan as security for the loan. In order to authorize dividend, complete Dividend Withdrawal section below.

☒ **DIVIDEND WITHDRAWAL**
☐ Withdraw all available Dividends (See instructions—this may affect important policy transfers).
☐ Withdraw a specific dollar amount \$ _____
☐ Apply Dividends to Policy Number 1. _____
☐ _____
☐ _____

To Pay Premiums ☐ No. of Premiums _____ Due Dates _____
☐ Loan ☐ Loan Interest ☐ Dividends ☐ Premiums attached ☐ None
☐ Special Instructions _____

☐ **REQUEST FOR CHANGE OF NAME***
 (This section is to be used for the designation of a new beneficiary, owner or contingent person.)
 Notification is given to Metropolitan that the name of ☐ insured ☐ owner ☐ beneficiary ☐ contingent beneficiary
☐ contingent owner has been changed for the reason indicated:
 The former name was (Print) _____
 The new name is (Print) _____

☐ **REQUEST FOR CHANGES OF MAILING ADDRESS/TELEPHONE NUMBER***
☐ policyowner's address to which correspondence and payments are to be mailed, or
☐ premium payee's name and address to which future premium notices are to be mailed.
 Name _____ City _____ State _____ Zip _____
 Street _____ Telephone No. _____
 *Records for the following policy(ies) should also be updated to show the change of name or change of address/
 telephone number:
 Number _____ Suffix _____ Number _____ Suffix _____
☐ **SPECIAL REQUEST SECTION**

Signature (Print Name) _____ Date _____
 Signature (Print Name) _____ Date _____
 Signature (Print Name) _____ Date _____

NOTE: ANY CHECK ORS WILL BE MAILED TO THE OWNER UNLESS OTHERWISE INDICATED IN THE SPECIAL REQUEST SECTION. CHECKS WILL NOT BE MAILED TO A BRANCH/DISTRICT.



200 South Street, Suite 100, New York, NY 10038
 Tel: (212) 697-1000
 Fax: (212) 697-1001
 Michael P. Deane, CEO, CLU
 Patrick J. Deane, President

100 Park Avenue, New York, NY 10022-6000

MP4011112933

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2000 North American, Suite 100, Worcester, MA 01114

Tel: 413-757-2000

Fax: 413-757-2000

Michael E. Biedler, CNA, CNA

Branch Manager

Regional Representative

Insurance Company

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MP401112934

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93 DEC 21 1 2:17

93 DEC 25 12:19

12/13/83

Rev. [redacted] #88 [redacted] TLL

Dear Mr. [redacted] for [redacted]
I received your letter and
was contacted by [redacted] [redacted]
He will come to my house to
meet with me and [redacted] [redacted]
1997. I have missed [redacted]
[redacted] and it is not con-
venient to meet with him
during the holidays. He is
traveling to [redacted] and
I have booked from New Castle, Pa.

93 DEC 25 12:19

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PHOTO SCENE

so it is not comment, I
am disappointed that I have
to meet with him, but I
will follow through with it
now after he got this resolved.
Then this matter is ended, I
want a new agent with
whom I can converse and
relate to in a positive,
professional manner. Please
keep this in confidence.
Sincerely,
[REDACTED]

MP401112936

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FROM: JAO CONSUMER RELATIONS/7 MS94: 94-0066629
TO : JIS - MONROVILLE BRANCH SENT: 01/10/94 02:21 PM PRIORITY: 2
SUBJ: [REDACTED] 1/10

ATTN: MICHAEL J. BASNIK, CLU, CHFC
BRANCH MANAGER

IN YOUR CORRESPONDENCE OF DECEMBER 16, 1993, YOU ADVISED THAT YOU WOULD
BE SCHEDULING AN APPOINTMENT WITH THE INSURANT AFTER THE FIRST OF THE YEAR.
PLEASE ADVISE IF THIS APPOINTMENT HAS BEEN SCHEDULED AND WHEN WE MAY EXPECT
TO RECEIVE YOUR REPORT AND RECOMMENDATION.

A REPLY IS REQUESTED BY JANUARY 24, 1994.

LINDA M. KINKLER, FLPT, ACS
JAO CONSUMER RELATIONS
AREA V&B

MP4011112937

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FROM: JAC-CONSULCH RELATIONS 8304: 94-00180479
TO : J15 - MURKINVILLE, KY
SUBJ: [REDACTED] 1/15/94

RE: INSURED

PRIORITY: 2

SEAT: 01/26/94 11:03 AM

ATTENTION: MICHAEL F. BRUSH, CLU, CMC

BRANCH MANAGER

RE: INSURED

PER MY MESSAGE OF 1/10/94, I HAVE NOT RECEIVED A RESPONSE. WAS AN APPOINTMENT

SET UP WITH THE ABOVE MENTIONED INSURED? WHEN MAY WE EXPECT TO RECEIVE THE

RESULTS OF THE MEETING?

PLEASE SEND YOUR RESPONSE BY JANUARY 31, 1994.

THANK YOU.

LINDA A. FINELEY, 1/15/94

JAC-CONSULCH RELATIONS

AKA 944

MP401112938

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REDACTED CONFIDENTIAL POL INFO

FROM: SAC, NEW YORK (100-100000) (P)
TO: SAC, NEW YORK (100-100000) (P)
SUBJECT: CONFIDENTIAL
ATTENTION: MICHAEL J. BAKER, C.D. CHFC

RE: INSURE

PLEASE REPLY BY 1/24/94. WE HAVE BEEN ADVISED BY MEMPHIS, HAS THE INSURED
BEEN CONTACTED. WHEN WE RECEIVE A REPORT, PLEASE ADVISE US
OF THE CURRENT STATUS OF THIS FILE.

PLEASE REPLY BY FEBRUARY 7, 1994.

THANK YOU

LINDA A. BAKER, FLM, ASL
AND CONSUMER RELATIONS
AREA

MP4011112941

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MEMORANDUM OF RECORD

Re Policyholder
Policy Number 86 [REDACTED] UL
Type of Complaint Direct
District Office J15 Mountville Branch
Representative/Status Kenneth Kaczmarek/Active

Policy 86 [REDACTED] UL was issued November 4, 1988, on our Flexible Premium Life plan of insurance for \$50,000, insuring the life of [REDACTED]. This policy was issued for an annual premium of \$430, with a first year target premium of \$463.46. The gross deposits currently total \$1,452.11. All monies applied to this policy are from dividend withdrawals and loans on policy 86 [REDACTED] PA. All replacement questions were answered in the negative.

The insured was contacted by Representative Kaczmarek and was told she could purchase an additional \$50,000 policy and never have to make any cash payments out of pocket. She feels misrepresented and requests policy 86 [REDACTED] UL be cancelled and all values returned to policy 64 [REDACTED] PA.

Representative Kaczmarek says the application was taken and the policy was placed with a dividend withdrawal under the 'Pittsburgh Special Dividend' arrangement. He states [REDACTED] was agreeable as long as she did not have to come up with any monies at that time. Replacement was discussed but [REDACTED] wanted to keep her old policy in case she needed money. The original idea was to keep \$50,000 inforce until retirement and then reduce to \$25,000.

Branch Manager Mike Baehur feels the policy was sold and explained properly. He recommends no action be taken.

All monies applied to the Universal Life policy were proceeds from policy 64 [REDACTED] PA. Replacement was not indicated. It is our recommendation to rescind policy 86 [REDACTED] UL and reverse all withdrawals from policy 64 [REDACTED] PA.

Please review and advise.

[Signature]
Kathleen H. Krogler, FIM, ACS
Office of Consumer Relations

February 10, 1994

LNR:dc

RECEIVED
Consumer Relations

MP4011112942

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LINDA BINGLER
Customer Relations

FEB 10 1994

Forward to Service
Mortgage Administration Dept

[REDACTED]

UL

Shaw: \$3,452.11
No Overhead/Don
No penalty
Shaw: \$202.54

Shaw: \$3152.11

[REDACTED] PR

\$5,000 20 PL
Shaw 10/21/94 } PR
PR 10/21/94 } PR
\$44,750 Q

DIV: \$19,120
Shaw: \$19,120
Shaw: \$19,120

Shaw: \$19,120
Shaw: \$19,120
Shaw: \$19,120

[REDACTED]

MP401112948

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Submarine Maintenance Office
600 Schuyler Road, Johnson, P.O. 12066 3277

• **Math**

RE: Policy

Dear _____

This will supplement our letter of November 15, 1993.

Our investigation concerning the sale of policy 88- [REDACTED] UTI has been concluded. A decision has been made to rescind this policy with a refund of \$3,492.11, representing the gross deposits applied to the policy. As requested, this refund will be used to reverse the dividend withdrawals and loans on policy 64- [REDACTED] PR. A check in the amount of \$47.24, representing a refund of the loan interest paid, is being sent to you under separate cover.

Policy 880- [REDACTED] UL is void and no longer in effect. Please return this policy to my attention.

We trust this brings the matter to a satisfactory conclusion.

Sincerely,

Linda M. Ringler, Ph.D., ACS
Office of Consumer Relations

February 10, 1994

INPUT

Shirley Ann Jones

MP401112949

TO: ADJUSTMENT TO: M
 Cash & Loan Approving Consumer Relations, Customer Services
 Policyholder Services-Mideastern Head Office

PLEASE LIFE POLICY ALL POLICY LIFTED, MAKING THE ADJUSTMENT INDICATED BELOW:

POLICY # <u>64</u>				POLICY # <u>64</u>			
DEBIT		CREDIT		DEBIT		CREDIT	
Prem. 1st Yr. \$		Susp. Assets \$		Susp. Assets \$		Susp. Assets \$	
Prem. Renewal \$		Susp. Liab. \$		Susp. Liab. \$		Susp. Liab. \$	
Loan Interest \$		Loan \$		Loan \$		Loan \$	
Susp. Assets \$		Cash Value \$		Loan Interest \$		Loan Interest \$	
Susp. Liab. \$		Dividends \$		Dividends \$		Dividends \$	
		C.O.B. \$		Cash Value \$		Cash Value \$	
		Cost of Insurance \$		D.O.B. \$		D.O.B. \$	
TOTAL \$		TOTAL \$		150 A \$		TOTAL \$	
				3464.34		3464.34	
				3464.34		3464.34	

POLICY FACTS FOR LIFTED POLICY

Insured [REDACTED]

Paid To Date [REDACTED]

Mode [REDACTED]

District [REDACTED]

Agency/Index [REDACTED]

Commission \$ [REDACTED] Allow [REDACTED] Deduct [REDACTED]

ATTACHMENTS

POLICY [REDACTED]

CPF [REDACTED]

OPV. REQ. [REDACTED]

990 [REDACTED]

OTHER [REDACTED]

APP [REDACTED]

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MP401112950

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REDACTED CONFIDENTIAL POL INFO

Comm
Agency
Date
Mode
Insur
P
TOS

Sub
Tab
Per

2

64 [REDACTED]

689.9
 + 684.00
 1373.69
X 1.059
 1454.74
 + 533.90
 1988.64
X 1.0585
 2104.98
 + 317.03
 2422.01
X 1.0585
 2550.18
 + 454.95
 3005.13
X 1.054
 3169.66
 + 292.13
 3461.79
X 1.501 X
 5195.53

1111
 AI-3501.71
 CV-1812.81
 as of 10-26-93

2 11110314 MD 11110 06/01/20 EN31
 FROM 06/01/2000 TO 06/01/2000

1111 1111
 1111004 1111004 1111004
 1111004 1111004 1111004

140 693

MTS CASE COPY FOR 840222

POL #184 PR SUMMARY CC #8: 02760/26260 ED:RALPH MAYHEM MODULE: LOAN
 A/MIN ESB TA:84 PROD TYPE:11 DEST:VIR REASON:000 LOSS:00 BLK: CK:0000000000 CK DATE:000000 180-A DATE:063888 PLAN:1800

EXPLANATION:REVEAL OF CME LOAN AND DIV WITHDRAWALS OF
 8-18-80, 11-2-80, 11-7-81, 4-28-81, 11-10-81, 11-27-81, 8-11-88 & 11-10-88.
 TO CLEAR 190A CASE CONTROL 0083625. INSURED

SEQ	DEPT	ACCT	DESCRIPTION	DEBIT	CREDIT	SECONDARY POLICY
009	020	02809	INTEREST ON LOANS	1 199.82	5	00
003	020	08904	NOTICE AS	1 .00	5	1812.91
004	020	72100	TEMPORARY LOANS	1 .00	5	1788.88
018	020	78200	DOB	1 3604.87	5	00

LOAN FEEDBACK TMC TSM WAS PRODUCED

DIVIDEND FEEDBACK TT 22 INT BY WAS PRODUCED

TT	CUM.	CUM.	TTT EX	ONE	AT/AA	CUM.	CV
	DIV.	AT/AA	DIV			TTT	AT/AA
22					1	3501.11	5 1812.91

MP401112952

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REDACTED CONFIDENTIAL POL INFO



MetLife Insurance Company
100 Pine Street, Newark, NJ 07102-1001

RE: Policies 88- [REDACTED] 004, etc.

Dear [REDACTED]:

This is in reply to your letter of December 19, 1994 with receipt of your check for \$506.41.

We are willing to proceed with the restoration as outlined in our letter to you of December 3, 1994. Upon restoration of the original contracts, duplicate policies for 75- [REDACTED] A and 81- [REDACTED] A will be sent to you.

I have also had the cash surrender values of policies 75- [REDACTED] A and 81- [REDACTED] A calculated for you. These values are based on the assumption that the contracts are restored with premiums paid to date. As of January 11, 1995, the cash surrender value of policy 75- [REDACTED] A is \$5,244.24. The cash surrender value of policy 81- [REDACTED] A as of January 11, 1995 is \$6,970.46. Please keep in mind that in restoring your policies, the funds are being returned as of the date they were originally withdrawn. As a result, values on your policies have continued to accrue as if the withdrawals had never been processed.

We will continue to hold your monies of \$606.31. Please provide a written response in the envelope provided if we can continue with the restoration of your contracts. A reply would be appreciated by February 3, 1995.

Sincerely,

[Signature]
Deana Croyle
Administrative Services

January 25, 1995

DC:lp

MetLife Insurance Company

End Of Notes

MP4011112956

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MetLife
MetLife Insurance Company
200 Park Avenue
New York, NY 10022-6000



1-800-MET-5000

RE: Policies 88- [REDACTED] UM

Dear Mr. Pasqualino

Thank you for your reply.

We are proceeding with the rescission. Policy 88- [REDACTED] UM will be cancelled giving credit for full premiums paid of \$11,017.27. These monies along with your check of \$668.31 will be used to reverse the cash surrenders and loans and pay premiums to date for policies 75- [REDACTED] A and 82- [REDACTED] A (as previously outlined in our letter of December 1, 1994).

We are attempting to have duplicates of policies 75- [REDACTED] A and 82- [REDACTED] A mailed to you. If you do not receive the policies by April 4th, please telephone 1-800-MET-5000 and refer to this letter.

Policy 8- [REDACTED] A was previously paid by Check-O-Matic withdrawals from your bank account. Please arrange to resume payments by contacting your local sales office or our Service Center at 1-800-MET-5000.

Thank you for your patience during the resolution of this matter. MetLife continues to try to provide life insurance and services to our customers which meet their needs and expectations.

Sincerely

James P. Doyle
Diana Croyle
Administrative Services

February 20, 1995

DC/tp

Metropolitan Life Insurance Company

MP4011112957

CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO

DC
Rend

95 25 10 40 50

Medi

RE: Policies 84- [REDACTED] UM, etc.

Dear [REDACTED]:

This is in reply to your letter of December 19, 1994 with receipt of your check for \$606.31.

We are willing to proceed with the insurance as outlined in our letter to you of December 1, 1994. Upon restoration of the original contracts, applicable policies for [REDACTED] A and [REDACTED] A will be sent to you.

I have also had the cash surrender values of policies [REDACTED] A and [REDACTED] A calculated for you. These values are based on the assumption that the contracts are restored with premium paid to date. As of January 11, 1995, the cash surrender value of policy [REDACTED] A is \$1,244.24. The cash surrender value of policy [REDACTED] A as of January 11, 1995 is \$6,920.98. Please keep in mind that in restoring your policies, the funds are being returned as of the dates they were originally withdrawn. As a result, values on your policies have continued to accrue as if the withdrawal had never been processed.

We will continue to hold your funds of \$606.31. Please provide a written response in the envelope provided if we can continue with the restoration of your contracts. A reply would be appreciated by February 3, 1995.

Sincerely,
Dana Croye
Administrative Services

Please continue with the restorations of the above policies.

January 25, 1995

DC/tp

Medi

MP401112958

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used.
12-30-01

96 DEC 30 AM 11:47

December 19, 1934

Re:Life
Attn: Barb Reddy
Johnson Administrative Office
505 Schoolhouse Road
Totemstave, PA 15061-1007
601-46651

POLICIES:

Geer Harb:

In response to your letter dated December 1, 1994 I am enclosing a check in the amount of \$600.00 in order to restore policies 7-18-94 A and B. [redacted] Before these policies are reactivated I am asking that you double check your figures as we have no way to verify them until after the policies are in effect.

I would also like to confirm that as per my telephone conversation with our representatives the cash withdrawal values of these two policies will be the same as if they were never cancelled. If informed during one of these conversations that copies of the policies will be made available to me when they are requested, I would like you to verify that the information is correct and what the cash values are.

I am very pleased with the timely and efficient way you have handled these matters. However, I find myself in the same position as I was seven years ago, when I had to leave because my advanced age was now making upgrading my life insurance not affordable. I believe the original policies to be rolled over. I believe \$25,000 to be an inadequate amount of life insurance and the new policy should be \$70,000.

Thank you again for your time and cooperation.

Stacy

MP4011112959

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FROM: JACOBSON, J
TO: JIS
SUBJ: PA RESTORATION
MSG: 00-00417896
SENT: 02/14/95 04:35 PM
PRIORITY: 3

ATTN: BRANCH MANAGER
RE: CONFIRMATION WITHDRAWAL - RESTORATION AND/OR LIFE CASE
DATE: 02/14/95 JIS / BJS - 2

NAME: [REDACTED] POLICY: [REDACTED] UM /
ADJUTANT NOTICE: THIS CASE HAS JUST BEEN COMPLETED AND WE KNOW THAT
COMPLETION WILL BE WITHIN 30 DAYS. FORMS WILL BE SENT WITH THE
ADDITIONAL DETAILS WHEN THE ACTUAL SCHEDULE IS BEING MADE.

FROM: JACOBSON, J

TO: REGION: 1 N 02

FROM: JACOBSON, J
TO: JIS
SUBJ: PA RESTORATION
MSG: 00-00417896
SENT: 02/14/95 04:35 PM
PRIORITY: 3

ATTN: BRANCH MANAGER

RE: CONFIRMATION WITHDRAWAL - RESTORATION AND/OR LIFE CASE

NAME: [REDACTED] POLICY: [REDACTED] UM /

ADJUTANT NOTICE: THIS CASE HAS JUST BEEN COMPLETED AND WE KNOW THAT
COMPLETION WILL BE WITHIN 30 DAYS. FORMS WILL BE SENT WITH THE
ADDITIONAL DETAILS WHEN THE ACTUAL SCHEDULE IS BEING MADE.

FROM: JACOBSON, J

TO: REGION: 1 N 02

FLEXIBLE PREMIUM LIFE/FLEXIBLE PREMIUM MULTIFUNDED LIFE INSTRUCTION SHEET
NEW BUSINESS PROCESSING CENTER PLACING & DEPOSITS
TO
FLEXIBLE PREMIUM LIFE/FLEXIBLE PREMIUM MULTIFUNDED LIFE

MP4011112960

CONFIDENTIAL

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FLEXIBLE PREMIUM LIFE (U/L) - FLEXIBLE PREMIUM MULTIFUNDED LIFE

TO: NEW BUSINESS PROCESSING CENTER/PLACEMENT & DEPOSITS

POLICY NUMBER 201 U/L INSURED [REDACTED] REFUND AMOUNT \$ 40,000.00

GROSS PREMIUM PAID \$ 40,000.00

The above policy is being cancelled as a "LIFT".
 1. Recall all premium payments (val) OA Transactions) and refund
 () without interest
 () with interest \$ _____

2. Refund less the following, if applicable:
 () Cash/Loan Value already paid \$ _____
 () Cost of Insurance Charges \$ _____
 19 To 19

REFUND CHECK(S) TO BE ISSUED (USE COOF 270):
 A. Issue check to () Policyholder
 () Other (Specify) _____
 B. Send check to () Policyholder
 () District/Branch
 () Other (Specify) _____

PROCESSING AREA

REQUEST FOR 190A AS FOLLOWS (UM's Require 190A):
 Authorizing Division 201 Reason for Reinstatement [REDACTED] Policy Number [REDACTED] Amount [REDACTED]

PLS CREDIT SUSPENSE ASSETS DEPT LACCT 02075401 FOR THE FOLLOWING (U/L 6000)

Authorizing Division	Transaction to be Reversed	Name of Insured	Policy Number	Amount
201	Cash Surrender	[REDACTED]	[REDACTED]	[REDACTED]

Total Credit to Suspense Assets \$ [REDACTED]

Commissions:
 1. A First Year () Above to Stand () Withdrawing
 B. Non-renewal () Stand () Withdrawing
 2. Monthly Commission for and 190A 100% bonus using code for "First Yr."

Name Stamp:
[Signature]
[Signature]

MP401112961

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Form 190-A

Financial & Electronic Services

Sales Office No. 715 Agency No. 615

MedLife

Policy Control No. 0004109
(To be entered by the F&ES Clerk)

190-A Type Code	Insured's Name, Policy Number, Check Number, Etc.	Authorizing Officer, Clerk's Name	Amount of Remittance
6	82 [REDACTED] #	2 [REDACTED] / [REDACTED] SFC	600.71

Remarks (For Head Office Use Only)
Recall # _____ From Policy No. _____ F&ES holding # _____ On Control No. _____

Additional Comments _____

This form is for reporting the miscellaneous remittances listed below.

*190-A Type Codes (Enter the appropriate Type Code):

1. Sale of Sales Office furniture
2. 228 adjustments (F&ES) Code: _____
3. Sales Office expense reimbursement (F&ES) Code: 100/50
4. Corporate Check A/c reimbursement (F&ES) Code: 100/50
5. Career Success School expenses, ISA kids, etc.
6. C.S. (Student), Loan materials (Inc. ADL)
7. P.C., M.E., reversal/adjustments
8. Loan sum payments
9. Disability reimbursements
10. Overpayments C.S. Loan, etc.
11. Change reversal/adjustments
12. Policy Ills.
13. Expense expense charge (PLM reinstatement)
14. Reimbursement of SFC (CM draft)
15. Payment collected on premium overage
16. M&B payments
17. Return of Advances for Manager's Bank Account
18. Reimbursement for Advertising
19. Agent's License Fees
20. (F&ES) MISUR (COPOL) - monthly clearing of M&B Ledgers
21. Insurance SGLI/SLI
22. Overpayment ERP Claims (SGLI) only
23. Reimburse Mutual Funds (SGLI) only

Completed by _____ Processed by F&ES Clerk _____

09/1/2003 Edition 17-0-0

NUMBER 1001

CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO

MP4011112962

SPECIAL PROCESSING CASE: Tampa Copycat PA Restoration ☒ National OtherTO: H
INDUSTRIAL PROCESSING
ADJUSTMENT UNITTO: H
Consumer Relations, Customer Services
Head OfficePLEASE LIFT POLICY 22 DM, MAKING THE ADJUSTMENT INDICATED BELOW:

POLICY #		POLICY # MS A	
DEBIT	CREDIT	DEBIT	CREDIT
Prem. 1st Yr. \$	Susp. Assets \$	Susp. Assets \$	Susp. Assets \$
Prem. Renewal \$	Susp. Liab. \$	Susp. Liab. \$	Susp. Liab. \$
Loan Interest \$	Loan \$	Loan \$	Loan \$ 23.00
Susp. Assets \$	Cash Value \$	Loan Interest \$	Loan Interest \$
Susp. Liab. \$	Dividends \$	Dividends \$	Dividends \$
PUNA \$	Refund Check Amount \$	Cash Value \$	Cash Value \$ 222.37
Misc. Interest \$	Cost of Insurance \$	190A \$ 4,912.57	Premiums \$ 187.20
Misc. Loss \$		Misc. Loss \$	
TOTAL \$	TOTAL \$	TOTAL \$ 4,912.57	TOTAL \$ 4,912.57

POLICY FACTS FOR LIFTED POLICY

Insured _____
 Paid to Date _____
 Mode _____
 District _____
 Agency/Index _____
 Commission \$ _____ Allow _____ Deduct _____

OK for Losses _____ Date _____

of Premiums 6 Mode A
 New Paid to Date 11-30

REFUND CHECK ALREADY ISSUED BY OCR ON _____

REFUND CHECK TO BE ISSUED BY ADJUSTMENT UNIT _____

ISSUE CHECK PAYABLE TO: _____ Insured _____ Owner on File _____ Other _____

SEND CHECK TO: Address on File _____ District _____ Other _____ (5/8/94ed)

MP4011112963

CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO

SPECIAL PROCESSING CASE: Tampa Copycat PA Restoration National Other

TO: M INDUSTRIAL PROCESSING
ADJUSTMENT UNITTO: M Consumer Relations, Customer Services
Head Office

PLEASE LIFE POLICY 23 25, MAKING THE ADJUSTMENT INDICATED BELOW.

POLICY #		POLICY #	
DEBIT		CREDIT	
Prem. 1st Yr. \$	Susp. Assets \$	Susp. Assets \$	Susp. Assets \$
Prem. Renewal \$	Susp. Liab. \$	Susp. Liab. \$	Susp. Liab. \$
Loan Interest \$	Loan \$	Loan \$	Loan \$
Susp. Assets \$	Cash Value \$	Loan Interest \$	Loan Interest \$
Susp. Liab. \$	Dividends \$	Dividends \$	Dividends \$
PURR \$	Refund Check Amount \$	Cash Value \$	Cash Value \$
Misc. Interest \$	Cost of Insurance \$	190A \$	Premium \$
Misc. Loss \$		Misc. Loss \$	
TOTAL \$	TOTAL \$	TOTAL \$	TOTAL \$

POLICY FACTS FOR LISTED POLICY

Insured _____
 Paid to Date _____
 Mode _____
 District _____
 Agency/Index _____
 Commission \$ _____ Allow _____ Deduct _____

OK for Losses _____ Date _____

of Premiums 6.7 Mode Policy
 New Paid to Date 1.15

REFUND CHECK ALREADY ISSUED BY OCR ON _____

REFUND CHECK TO BE ISSUED BY ADJUSTMENT UNIT _____

ISSUE CHECK PAYABLE TO: Insured _____ Owner on File _____ Other _____

SEND CHECK TO: Address on File _____ District _____ Other _____ (5/6/94ed)

CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO

HTS CASE COMPT FOR: 880121

POL # 75 [REDACTED] A SURNAME: [REDACTED] CC PR: 82780/88360 TO: VIRGINIA BUNGE MODULE: LOAN

A/N: N ESS FR: 78 PRDO TYPE: 1 DIST: 1/18 REASON: 888 LOTS: 00 BLK DEF: 00,0000000 CR DATE: 0/0000 180-A DATT: 000000 PLAN: 1000

EXPLANATION: TO REVERSE NEW LOAN OF 4-10-99 AND PARTIALLY
CLEAR SUSP ASSETS CREDITED VIA HTS 1-20-98 WHEN C.V. WAS REVERSED.

INSURED: [REDACTED]

SED	DEPT	ACCT	DESCRIPTION	DEBIT	CREDIT	SECONDARY POLICY
008	020	72100	TEMPORARY LOANS	8	828.10	
018	020	78101	SUSPENSE ASSETS DEPARTMENTAL	8	828.10	

LOAN FEEDBACK TNC 788 WAS PRODUCED

POL
A/1
E/1
1/1
2/1
3/1
4/1
5/1
6/1
7/1
8/1
9/1
10/1
11/1
12/1

MP401112966

CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO

WTES CASE COPY FOR 050221

POL # 78-1000-A SURNAME CC # 02704/48300 10 VIRGINIA BUNJA MODEL K - PTD ADV B

A/M/N ISS VLT-8 PROG TYPE 1 DIST JTB REASON 998 LOSS 00 RUK: CP-0000000000 ON DATE 000000 180-A DATE 000000 PLAN-1000

EXPLANATION: TO ADJUST PD TO DT FOR A FRIENDS OUT FROM 11-30-80 TO 11-15-80 AND PARTIALLY CLEAR SUSP ASSETS CREDITED VIA WTES 2-30-80 WHEN C.V. WAS REVERSED TMS - [REDACTED]

SEQ	DEPT	AGCT	DESCRIPTION	DEBIT	CREDIT	SECONDARY POLICY
*****	*****	*****	*****	*****	*****	*****
010	030	00102	NOTICE PREMIUMS	1	00 8	1824 20
010	070	TJ001	SUSPENSE ASSETS DEPARTMENT-L	1	824 20	8

PAID TO DATE ADJUSTMENT KIND B WAS PRODUCED

KIND: B MOD: A NEW MODS: 18 ANN MONTH: DUE DATE 881113 PREM \$ 305 TO NEW PTD 9511 APPROVAL: [REDACTED]

REDACTED CONFIDENTIAL POL INFO

[illegible]

CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO

NTES CASE COPY FOR BRO220

POL FID [REDACTED] SURNAME [REDACTED] OC AS 81760/84100 TO VIRGINIA BUNJA MODULE CASH

A/N/M ISS YR:75 PMOD TYPE 1 DIST:JIS REASON 101 LOSS OF BLK CRY:0000000000 CH DATE:000000 190-A DATE 081130 PLAN:1000

EXPLANATION: TO REVERSE CASH SUMM OF 13-15-84 AND CLEAR
 190A CTRL 40081130 SUS ASSETS TO BE CLEARED WHEN LOAN REVERSED AND PREMS
 PAID. INDEBIT

SEQ	DEPT	ACCT	DESCRIPTION	DEBIT	CREDIT	SECONDARY POLICY
008	030	02008	INTEREST ON LOANS	1	28.30	1
008	030	84101	TEMPORAL DIVIDEND	1	00	5
001	030	84001	SUM. VALUES-OTR BUS	1	00	1
001	030	84004	NOTICE AT	1	00	1
008	030	73100	TEMPORARY LOANS	1	839.10	1
018	030	73101	SUSPENSE ASSETS DEPARTMENTAL	1	00	1
018	030	73200	SUS LTAB - PREM REH11-190A	1	4812.57	1

NOTICE FEEDBACK WAS PRODUCED

DIVIDEND FEEDBACK TE 13 INT 87 WAS PRODUCED

TT	CURR	CUM	1ST ER	OWI	AT/AA	CUMR	CV
	DIV.	AT/AA	DIV			1ST	AT/AA
33				6	326.00	5	187.87

LOAN FEEDBACK TMC 082 WAS PRODUCED

MP401112969

CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO

[illegible]

CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO

WTR CASE COPY FOR: 880210
 POL # A2 [REDACTED] SURNAME [REDACTED] CC # 63780/88300 ID VIRGINIA BIRMA MODULE PTD ADW S
 A/N/M 188 YR 53 PREO TYPE 1 DIST VIB REASON 188 LEV 100 PLK CNA 0000000000 OK DATE 000000 YPO A DATE 084729 PLAN 1023
 EXPLANATION: TO ADJUST PAID TO DATE FOR 60 MONTHLY PREMS
 FROM 10-3-88 TO 1-3-89 AND CLEARING SUSP ASSETS CREDITED THIS DAY WHEN CV
 WAS REVERSED & CLEARING 190A 1008128. INSURED - [REDACTED]

SEQ	DEPT	ACCT	DESCRIPTION	DEBIT	CREDIT	SECONDARY POLICY
010	020	00102	NOTICE PREMIUMS	\$	3788.62	
016	020	78101	SUSPENSE ASSETS DEPARTMENTAL	\$	3183.22	
018	020	78300	SUS LEAD - PREM REWST- 190A	\$	608.31	

 PAID TO DATE ADJUSTMENT KIND S WAS PRODUCED
 KINH: S MODE: 2 NUM MODES: 0 AMN MONTH: 8 DUE DATE: 891003 PREM: 1 DO 31 NEW-PTD 8501 APPROVAL: RMH